

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	JW		11/17/01
FORMALITY REVIEW	MM	954	2/27/01
RESPONSE FORMALITY REVIEW	MM	780	5-17-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	0-02
2	✓
3	0
4	✓✓
5	0
6	✓✓
7	✓✓
8	✓✓
9	✓✓
10	✓✓
11	=✓
12	=✓
13	✓✓
14	✓✓
15	0✓
16	0✓
17	✓0
18	✓✓
19	✓✓
20	✓0
21	✓✓
22	00
23	✓✓
24	00
25	✓✓
26	✓✓
27	✓✓
28	✓✓
29	✓✓
30	✓✓
31	✓✓
32	✓✓
33	=✓
34	✓0
35	✓0
36	✓✓
37	✓✓
38	✓0
39	✓✓
40	✓0
41	00
42	
43	00
44	00
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Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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